

MONTH.....YEAR.....

DAY	HEADACHE SEVERITY			ASSOCIATED SYMPTOMS				HEADACHE DURATION		ACUTE MEDICATION USED			ACUTE MEDICATION RELIEF		
	Severe	Moderate	Mild	Clear	N	V	Pt	Pn	Wpa	>4hrs	<4hrs	None	Mod	Good	
1															
2															
3															
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28															

1. HIT-6 score.....
 2. Number of GP visit for headache this month...
 3. Number of hospital visits for headache this month...
 4. Number of days unable to work/function due to headache.....

Severe: 8-10/10; **Moderate:** 5-7/10; **Mild:** 1-4/10;
N: nausea; **V:** vomiting; **Pt:** sensitivity to light; **Pn:** sensitivity to sound; **Wpa:** worsen with physical activity.